

MONTANA ATHLETE AGENT PROGRAM

301 So Park Ave, 4th Floor
PO Box 200513
Helena MT 59620-0513
Phone: 406-841-2304 Fax: 406-841-2309
E-MAIL: dlibsdaap@mt.gov
WEBSITE: <http://www.athleticagent.mt.gov>

APPLICATION PROCEDURES FOR:

ATHLETE AGENT

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

CERTIFICATE OF REGISTRATION REQUIREMENTS

- FEES:** \$200 fee payable to the Montana Athlete Agent Program. Fee must accompany the application. All fees are non-refundable.
- RENEWAL:** Registration expires two (2) years after the date of issuance.
- CORPORATION:** If the applicant's business is a corporation, list the names of any officers, directors, and any shareholder of the corporation having an interest of five (5) percent or greater.
- NON-CORPORATION:** If the applicant's business is other than a corporation, list the names and addresses of all persons who are partners, members, officers, managers, or associates or who share profits of the business.
- EDUCATION & TRAINING:** List all formal training and educational background relating to the applicant's activities as an athlete agent.
- EXPERIENCE:** List all practical experience as an athlete agent. Provide names of sport and last-known team for each person for whom the applicant acted as an athlete agent during the five (5) years preceding the date of submission of this application.
- EMPLOYMENT HISTORY:** List a minimum of the last five (5) years of employment history.
- REFERENCES:** List the names and addresses of three (3) individuals, not related to the applicant, who are willing to serve as a reference.
- OTHER DOCUMENTS:** If the applicant holds a certificate of registration or licensure as an athlete agent in another state, the applicant may submit a copy of the other state's application and certificate in lieu of submitting a Montana application. The Department shall accept the application and the certificate from the other state as an application for registration in Montana if the application to the other state:
- (a) was submitted in the other state within six (6) months preceding the submission of the Montana application, and the applicant certifies that the information contained in the other state's application is current;
 - (b) contains information substantially similar to or more comprehensive than that required in the Montana application; and
 - (c) was signed by the applicant under penalty of perjury.

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APPLICATION FOR: **ATHLETE AGENT**
(Submit a fee of \$200 with all initial and renewal applications)

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate your preferred mailing address:

____ Home

____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

BUSINESS OR EMPLOYER

Check one of the following:

Sole Proprietor

Corporation

Limited Liability Company

Partnership

Association

Corporation - List below names of all officers, directors and any shareholders having an interest of 5 percent or more. (Attach separate sheet if necessary)

[illegible]

Non-Corporation - List below the names and addresses of all persons that are partners, members, officers, managers, associates or sharers of profits of the business. (Attach separate sheet if necessary)

[illegible]

PROFESSIONAL EDUCATION

List any educational background relating to your activities as an athlete agent.
(Attach separate sheet if necessary)

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned
		From: To:	
		From: To:	
		From: To:	
		From: To:	
		From: To:	

FORMAL TRAINING

List any formal training you have had as an athlete agent. (Attach separate sheet if necessary)

Training Entity	City and State	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

PRACTICAL EXPERIENCE

(List any practical experience you have had as an athlete agent. (Attach separate sheet if necessary))

ATHLETE, SPORT AND TEAM NAMES

List the name, sport and last-known team for each person that you acted for as an athlete agent during the five (5) years preceding the date of submission of this application. (Attach separate sheet if necessary)

Athlete's Name	Sport	Team Name	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

EMPLOYMENT HISTORY

List all businesses and/or occupations engaged in for the five (5) years preceding the date of submission of this application. (Attach separate sheet if necessary)

Name of Business or Employer	Type of Business	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

PERSONAL REFERENCES

List the names and addresses of three (3) individuals not related to the applicant, that are willing to serve as references.

Name	Mailing Address	City	State	Zip	Phone (Include area code)

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

1. Have you ever previously applied for a license to practice in Montana? If yes, give dates and results.
2. Has the applicant or any person named in "Applicant's Business or Employer" section been convicted of a crime that, if committed in Montana, would be a crime involving moral turpitude or a felony?
If so, please identify the crime(s).
3. Has there been any administrative or judicial determination that the applicant or any person named in "Applicant's Business or Employer" section has made a false, misleading, deceptive, or fraudulent representation?
4. Has there been any instance when the conduct of the applicant or any person named in "Applicant's Business or Employer" section resulted in the imposition of a sanction, suspension, or declaration of ineligibility for a student-athlete or educational institution to participate in an interscholastic or intercollegiate event?
5. Has there been any sanction, suspension, or disciplinary action taken against the applicant or any person named in "Applicant's Business or Employer" section arising out of occupational or professional conduct?
6. Has there been any denial of an application for, suspension or revocation of or refusal to renew the registration or licensure of the applicant or any person named in "Applicant's Business or Employer" section as an athlete agent in any state?
7. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending?
You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation.
8. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.
9. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.
10. Do you currently hold any professional or occupational license in Montana or another state? If yes, provide the following information:

State/Province/Territory	License Number	Date Issued (mm/dd/yyyy)	Is License Current (Yes or No)	Type of License

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of registration on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Athlete Agent Certificate of Registration is issued to me, I agree to conduct myself in accordance with the laws and rules of Montana and the laws and rules regulating Athlete Agents.

Legal Signature of Applicant

Dated

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by _____
Month Day Year
(name(s) of person(s) making statement _____

(Signature of notarial officer)

SEAL

Title (and Rank)

Residing at

My commission expires _____

(FOR APPLICANTS ATTACHING ANOTHER STATE'S ATHLETE AGENT APPLICATION)

CERTIFICATION

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry.

I hereby certify under penalty of perjury the information contained in the attached application as previously submitted for my licensure/registration as an athlete agent in the State of _____, to be current, true and complete to the best of my knowledge. In signing this certification, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of registration on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Athlete Agent Certificate of Registration is issued to me, I agree to conduct myself in accordance with the laws and rules of Montana and the laws and rules regulating Athlete Agents.

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